

FEC FORM 1

STATEMENT OF ORGANIZATION

Office Use Only

1. NAME OF COMMITTEE (in full) (Check if name is changed) Example: If typing, type over the lines. 12FE4M5

National Mobility Equipment Dealers Association Political Action Committee, Inc.

ADDRESS (number and street) 3327 West Bearss Avenue

(Check if address is changed)

Tampa FL 33618

CITY ▲ STATE ▲ ZIP CODE ▲

COMMITTEE'S E-MAIL ADDRESS

(Check if address is changed) NMEDA-PAC@NMEDA.org

Optional Second E-Mail Address habegg@wc-b.com

COMMITTEE'S WEB PAGE ADDRESS (URL)

(Check if address is changed)

2. DATE 07 / 27 / 2016

3. FEC IDENTIFICATION NUMBER C C00542555

4. IS THIS STATEMENT NEW (N) OR AMENDED (A)

I certify that I have examined this Statement and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer David Hubbard

Signature of Treasurer David Hubbard *[Electronically Filed]* Date 07 / 27 / 2016

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Statement to the penalties of 2 U.S.C. §437g. ANY CHANGE IN INFORMATION SHOULD BE REPORTED WITHIN 10 DAYS.